

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/583091

FILING DATE
13 MAR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	R		/			
4	R		/			
5	B		/			
6	B		/			
7	B		/			
8	B		/			
9	B		/			
10	B		/			
11	B		/			
12	B		/			
13	B		/			
14	B		/			
15	/		/			
16	/		/			
17	R		/			
18	R		/			
19	B		/			
20	B		/			
21	B		/			
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50						
TOTAL IND.	2		3			
TOTAL DEP.	24	←	20	←		←
TOTAL CLAIMS	26	[REDACTED]	23	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		←			←	←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]